

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project		FEC IDENTIFICATION NUMBER ▼ C C00484253
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee AMERICAN UNIONS EMBROIDERY AND SCREEN PRINTING, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016
Mailing Address 123 SWIGGUM ROAD		Amount 9574.29
City WESTBY	State WI	Zip Code 54667
Purpose of Expenditure Printing - Campaign T-Shirts	Category/Type 006	Transaction ID : 14361438 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY R CLINTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13137.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Ad Ventures		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016
Mailing Address 7 Shell Road		Amount 825.00
City Rocky Point	State NY	Zip Code 11778
Purpose of Expenditure Printing - Campaign Buttons	Category/Type 006	Transaction ID : 14361434 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY R CLINTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13137.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10399.29
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Esther R. Lopez

[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2016

Signature

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(Schedule E)PAGE 2 OF 3
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee KELLY PRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016
Mailing Address 1701 CABIN BRANCH ROAD		Amount 2495.00
City CHEVERLY	State MD	Zip Code 20785
Purpose of Expenditure Printing - Campaign Signs	Category/Type 006	Transaction ID : 14361436 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY R CLINTON		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13137.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee KELLY PRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2016
Mailing Address 1701 CABIN BRANCH ROAD		Amount 81.00
City CHEVERLY	State MD	Zip Code 20785
Purpose of Expenditure Printing - Campaign Posters	Category/Type 006	Transaction ID : 14197635 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY R CLINTON		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13137.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2576.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee KELLY PRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016
Mailing Address 1701 CABIN BRANCH ROAD		Amount 81.00
City CHEVERLY	State MD	Zip Code 20785
Purpose of Expenditure Printing - Campaign Posters	Category/Type 006	Transaction ID : 14249053 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY R CLINTON		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13137.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee KELLY PRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2016
Mailing Address 1701 CABIN BRANCH ROAD		Amount 81.00
City CHEVERLY	State MD	Zip Code 20785
Purpose of Expenditure Printing - Campaign Posters	Category/Type 006	Transaction ID : 14313425 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY R CLINTON		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13137.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	162.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	13137.29

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